



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia's Medicaid Quality Strategy



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Division of Medicaid

Date: 11/18/15



Mission

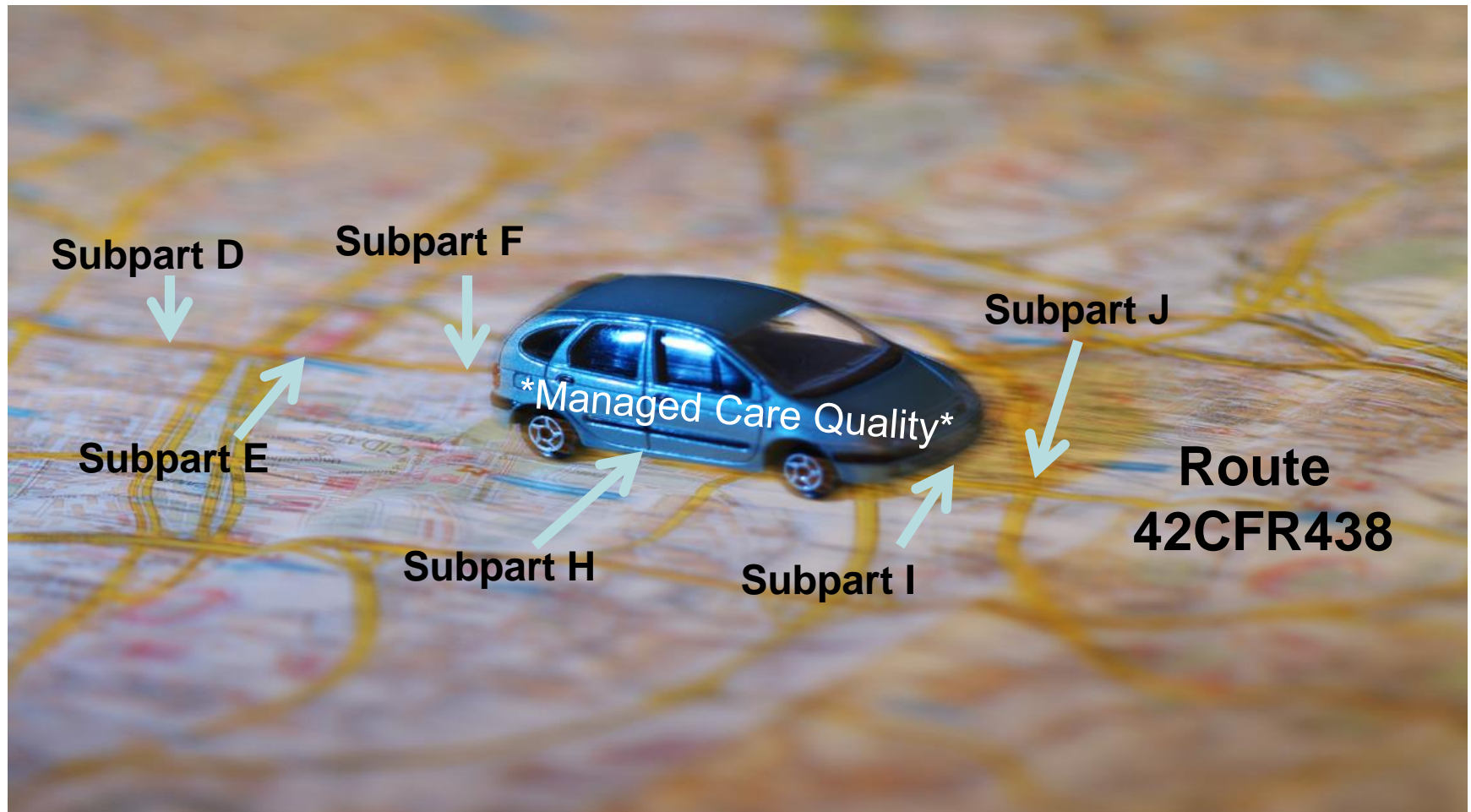
The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia

Overview

- Define the current CFR Requirements for a Medicaid managed care quality strategy
- Define the proposed comprehensive state quality strategy
- Determine the state's responsibility for developing the quality strategy
- Identify the role of the Medical Care Advisory Committee in developing the comprehensive strategy
- Review the proposed goals and objectives
- Describe our current public reporting

The CFR – Current Roadmap for Developing the Quality Strategy



CFR – CITE: 42CFR438 Subparts

- **Subpart D** – Quality Assessment Performance Improvement
- **Subpart E** – External Quality Review
- **Subpart F** – Grievance System
- **Subpart H** – Certifications and Program Integrity
- **Subpart I** – Sanctions
- **Subpart J** – Conditions for Federal Financial Participation



The CFR – Subpart D

- **Quality Assessment and Performance Improvement**
 - Requires states to develop a quality assessment and performance improvement (QAPI) strategy to assess and improve **the quality of managed care services**;
 - Must have input of recipients and stakeholders when developing strategy and make strategy available for public comment *before* adopting final version.
 - Must submit initial strategy, any significant revisions and regular reports about the implementation and effectiveness of the strategy to CMS.

The CFR – Elements of the Quality Strategy

- **Procedures that:**
 - assess quality and appropriateness of care
 - identify race, ethnicity, primary language
 - regularly monitor and evaluate compliance w/standards
- **Include:**
 - national performance measures developed by CMS
 - provisions for an annual external independent quality review of quality outcomes, timeliness to and access to services

The CFR – Elements of the Quality Strategy

- **Appropriate use** of intermediate sanctions
- **Information system** that supports quality strategy
- **Standards** for access to care, structure and operations, and quality measurement and improvement at least as stringent as those documented in the CFR

Standards

- Access
- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Structure and Operations including provider selection and enrollee information
- Measurement and Improvement

Creating the Current Quality Strategy

- Using CMS template, developed Quality Strategy
 - Obtained public comment
 - Submitted strategy to CMS in 2007
 - CMS approved the Quality Strategy in 2008
- Incorporated CFR requirements/Quality Strategy into the managed care contracts
- Submitted updates to the Strategy to CMS for review. Posted updates to DCH website

The Strategy and the Contract

- ***CFR Requirement Example***
 - *Maintain and Monitor a Network of Appropriate Providers*
 - The CMO contracts require each CMO to establish and maintain a network of appropriate providers that is sufficient to provide adequate access to all services covered for the enrolled population in accordance with section 1932(b)(7) of the Social Security Act (as enacted by section 4704(a) of the BBA of 1997).

The Strategy and the Contract

Access to Services

	Urban	Rural
PCPs (primary care providers)	Two (2) within eight (8) miles	Two (2) within fifteen (15) miles
Specialists	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
General Dental Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Dental Subspecialty Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Hospitals	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Mental Health Providers	One (1) within thirty (30) minutes or thirty (30) miles	One within forty-five (45) minutes or forty-five (45) miles
Pharmacies	One (1) twenty-four (24) hours a day, seven (7) days a week within fifteen (15) minutes or fifteen (15) miles	One (1) twenty-four (24) hours a day (or has an after hours emergency phone number and pharmacist on call), seven (7) days a week within thirty (30) minutes or thirty (30) miles



The Strategy and the Contract

Timely Access to Care

PCPs (routine visits)	Not to exceed 14 calendar days
PCP (adult sick visit)	Not to exceed 24 hours
PCP (pediatric sick visit)	Not to exceed 24 hours
Specialists	Not to exceed 30 calendar days
Dental Providers (routine visits)	Not to exceed 21 calendar days
Dental Providers (urgent care)	Not to exceed 48 hours
Elective Hospitalizations	30 calendar days
Mental Health Providers	14 calendar days
Urgent Care Providers	Not to exceed 24 hours
Emergency Providers	Immediately (24 hours a day, 7 days a week) and without prior authorization



Monitoring Georgia's Quality Strategy

- **Network Access Monitored Quarterly**
- **Coordination and Continuity of Care**
 - Quarterly Case and Disease Management Reports
- **Coverage and Authorization of Services**
 - Quarterly Prior Authorization Reports
- **Practice Guidelines**
 - Annual CPG Compliance Reports



The CFR – Subpart E

- **External Quality Review (EQR)**
 - Requires annual, external independent reviews of the quality outcomes, timeliness of and access to the services provided by each managed care organization
- **Mandatory EQRO Activities**
 - Validation of Performance Improvement Projects
 - Validation of Performance Measure Data
 - Compliance with Federal and State Standards
 - Annual EQR Technical Report submission to CMS

The New Comprehensive State Quality Strategy

- State Health Official Letter issued November 22, 2013 – Precursor to Proposed Rules
 - Described CMS support of forms of service payments that focus on improving health care quality
 - Referenced Medicaid programs **transitioning away from rewarding volume** and toward paying for quality
 - States should **think broadly across all delivery systems** when developing overall statewide quality strategy

The New Comprehensive State Quality Strategy

- Notice of Proposed Rule Making (NPRM) issued June 2015
 - NPRM referenced 2013 State Health Official Letter
 - Amended 42CFR including sections of Part 431
 - Each state must draft and implement written comprehensive quality strategy for assessing and improving quality of health care and services furnished to **all** Medicaid beneficiaries (versus managed care recipients only).

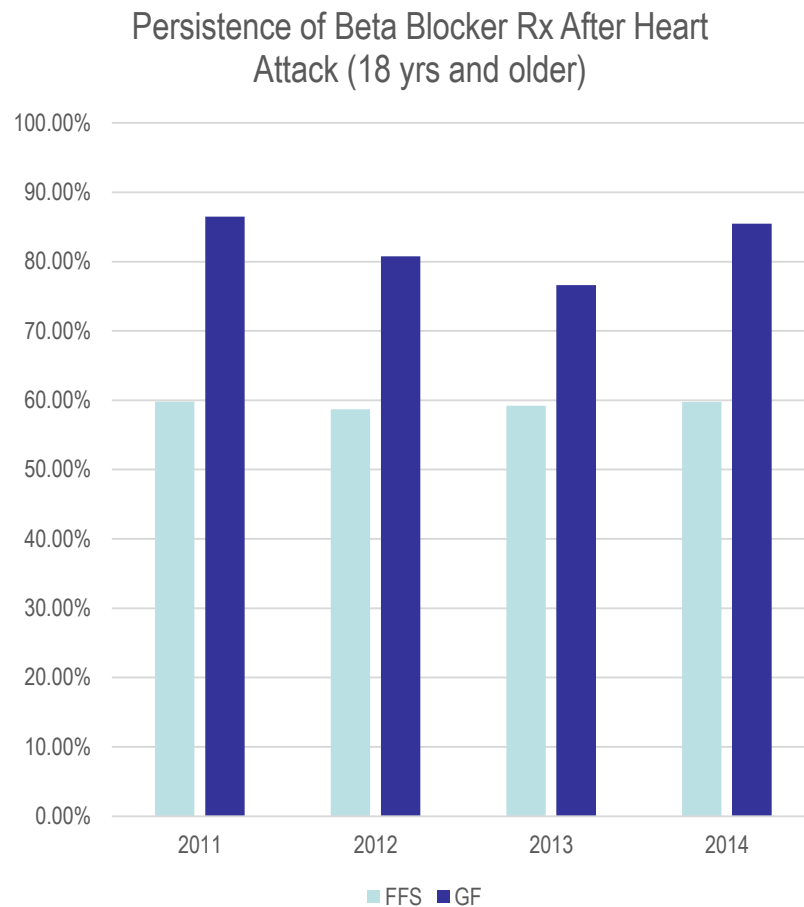
The New Comprehensive State Quality Strategy

- 431.502 - Strategy to include state's goals and objectives for continuous quality improvement which must be measureable and take into consideration the health status of **all** Medicaid-covered populations in the state.



The New Comprehensive State Quality Strategy

- States to look at a variety of data when developing goals:
 - Population health status
 - Service Utilization
 - Expenditures
 - Quality of Life Issues
 - Quality metrics



The New Comprehensive State Quality Strategy

- State to identify specific quality metrics and performance targets to measure performance and improvement
- Targets to be linked to goals identified
- CMS to assist states in determining minimal performance targets for each metric
- States to publish these metrics and performance standards on the state's website annually

The New Comprehensive State Quality Strategy

- State responsibilities in developing the quality strategy:
 - Must obtain input of the Medical Care Advisory Committee
 - Obtain public input in development and revision of the quality strategy
 - Once developed, make strategy available for public comment before submitting to CMS
 - Submit the strategy to CMS for review

The New Comprehensive State Quality Strategy

- Make final strategy available on state's Medicaid website
- Update strategy at least once every 3 years; review must include evaluation of effectiveness of strategy conducted within previous 3 years
- Must make results and findings of effectiveness available on the Medicaid website

Comprehensive State Quality Strategy

- Proposed Goals and Objectives
 - Goal 1 – Improved Health for Medicaid and PeachCare for Kids Members
 - Objective 1: Address identified access concerns for all Medicaid and PeachCare for Kids members so that access-related performance metrics will reflect a relative 20% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.
 - Interventions include: assure geo-access standards are met; enroll LEAs as telemedicine originating sites; collaborate with NET staff
 - Metrics: Access to Preventive Health Services, Access to PCPs, Annual Dental Visits, Prenatal and Postpartum Care



Comprehensive State Quality Strategy

- Goal 1 – Improved Health for Medicaid and PeachCare for Kids Members
 - Objective 2: Address identified utilization concerns for all Medicaid and PeachCare for Kids members so that health performance metrics will reflect a relative 20% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.
 - Interventions include: educate members and providers about preventive health service availability; collaborate with professional societies to increase providers' compliance with preventive screening components
 - Metrics: Frequency of Ongoing Prenatal Care; Well Child visits; Plan All Cause Readmissions; ER Visits



Comprehensive State Quality Strategy

- Goal 1 – Improved Health for Medicaid and PeachCare for Kids Members
 - Objective 3: Address identified care coordination concerns for all Medicaid and PeachCare for Kids members so that health performance metrics will reflect a relative 20% increase over CY 2014 rates as reported in June of 2020 based on CY 2019 data.
 - Interventions include: ensure effective case and disease management programs are in place; ensure provider compliance with clinical practice guidelines; encourage establishment of patient-centered medical homes
 - Metrics: Comprehensive Diabetes Care, Medical Management for People with Asthma, Follow Up Care for Children with ADHD



Comprehensive State Quality Strategy

- Goal 1 – Improved Health for Medicaid and PeachCare for Kids Members
 - Objective 4: Decrease the statewide LBW rate to 8.6% by December 2019 as reported in June 2020.
 - Interventions include: reducing barriers to early enrollment for Medicaid eligible pregnant women; improve access to LARCs
 - Metric: Low Birth Weight Rate



Comprehensive State Quality Strategy

- Goal 2 - Smarter Utilization of each Medicaid Dollar
 - Objective 1: Reduce inappropriate utilization of services as documented by improvements in ER visit rates, utilization management rates compared with the CY 2014 rates as reported in June of 2020 based on CY 2019 data.
 - Interventions include: maintain avoidable ER use PIP for CMOs
 - Objective 2: Reduce the all cause readmission rate for all Medicaid populations to 9% by the end of CY 2019 as reported in June of 2020.
 - Interventions include: development of a transition of care process

Comprehensive State Quality Strategy

- Goal 2 – Smarter Utilization of each Medicaid Dollar
 - Objective 3: Deny payment for identified medically induced negative outcomes as measured through claims auditing.
 - Interventions include: implementation and monitoring of hard stop policies for early elective inductions and C-sections
 - Objective 4: Improve access to health care information until 90% of all Georgia's providers are connected to an HIE and to the GaHIN



The Quality Infrastructure

- Quality Team
 - Primary focus is managed care
 - Work defined by quality strategy incorporated into the managed care contracts. Define projects, write report specifications, review reports and deliverables for compliance, engage with the EQRO and other contractors
- HP and MMIS – required to generate performance measure results
- CAHPS survey contractor – generates annual CAHPS survey results for the Medicaid adult and child populations and the PCK's population
- EQRO – Contracted to conduct mandatory activities, some optional activities, produce annual report and provide annual conference



Performance Monitoring

By Population Type

Children

2014 Bright Futures Periodicity
Schedule as EPSDT core

- 416 Report
- EPSDT medical record reviews
- EQRO validated HEDIS & CHIPRA measures such as WCV, Immunizations, Lead Screening, BMI, Developmental Screening



Performance Monitoring

By Population Type

EQRO validated Performance Measures for Pregnant Women

- Weeks of Pregnancy at Time of Enrollment
- Timeliness of Prenatal Care
- Prenatal and Postpartum Care
- C-section Rates
- Low Birth Weight Rates



Performance Monitoring

By Disease States

- Clinical Practice Guidelines Adherence
- Case and Disease Management Reports per CMO
 - # of members who enroll/participate/disenroll; Care Plan goals met; ER visit rates; IP admission rates
- HEDIS and AHRQ Measures
 - Comprehensive Diabetes Care
 - Diabetes Short-term Complication Admission Rate
 - Appropriate Medication for People with Asthma
 - Asthma Admission Rate

Performance Monitoring

By Utilization

- Ambulatory Care
- Inpatient Utilization
- Mental Health Utilization
- Antibiotic Utilization – antibiotics of concern

By Satisfaction with Care

- CAHPS

Public Reporting

The screenshot shows a web browser window displaying the Georgia Department of Community Health's Medicaid Quality Reporting page. The browser's address bar shows the URL <https://dch.georgia.gov/medicaid-quality-reporting>. The page features the Georgia Department of Community Health logo and a navigation menu with links to About Us, Divisions & Offices, Programs, Providers, Publications, Budget & Performance, and Meetings & Notices. A search bar is located in the top right corner. The main content area is titled "Medicaid Quality Reporting" and includes a sub-header "Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys". Below this, the page lists reports for CY2015 and CY2014, each with a list of links to specific reports and their posting dates. The CY2015 reports are dated 07/28/15, and the CY2014 reports are dated 08/13/14 and 12/01/14. The CY2013 section is partially visible at the bottom.

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Medicaid Quality Reporting

Reporting includes information validated by Georgia's External Quality Review Organization (EQRO). These validations are required by federal regulations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys

CY2015

- [Georgia Medicaid Program Adult Summary Report July 2015 - Posted 07/28/15](#)
- [Georgia Medicaid Program Adult Survey Report July 2015 - Posted 07/28/15](#)
- [Peachcare for Kids Program Child Survey Report July 2015 - Posted 07/28/15](#)
- [Georgia Medicaid Program Child Summary Report July 2015 - Posted 07/28/15](#)
- [Georgia Medicaid Program Child Survey July 2015 - Posted 07/28/15](#)
- [PeachCare for Kids Program Child Summary Report July 2015 - Posted 07/28/15](#)

CY2014

- [Georgia Medicaid Program Adult Survey -- Posted 08/13/14](#)
- [Georgia Medicaid Program Adult Summary Report, July 2014 -- Posted 12/01/14](#)
- [Georgia Medicaid Program Child Survey -- Posted 08/13/14](#)
- [PeachCare for Kids® Program Child Survey -- Posted 08/13/14](#)
- [Georgia Medicaid Program Child Summary Report, July 2014 -- Posted 12/01/14](#)
- [PeachCare for Kids® Program Child Summary Report, July 2014 -- Posted 12/01/14](#)

CY2013

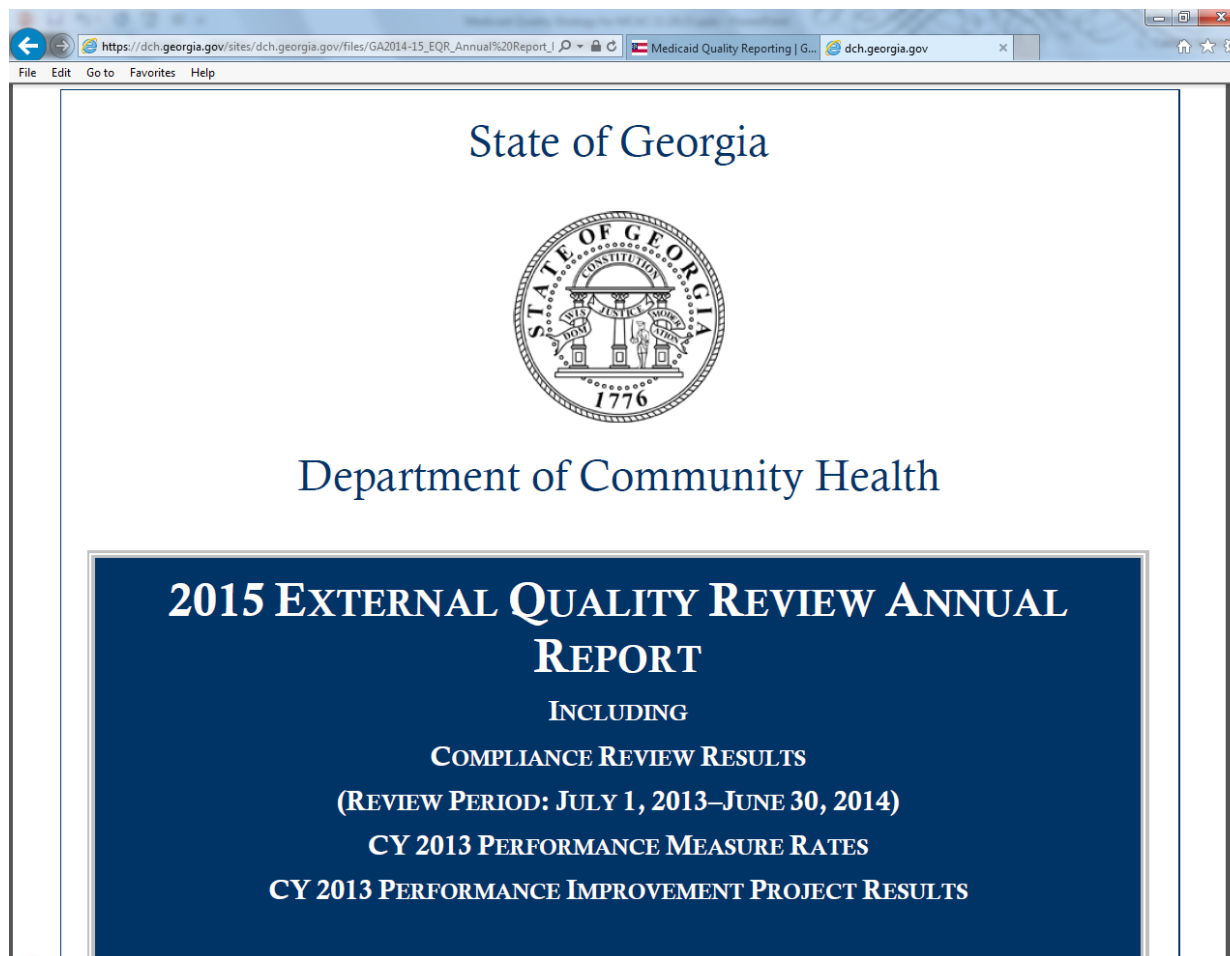
Public Reporting – By Population

Georgia Medicaid Performance Measure Report For CY2014

	2014 FFS	2014 GA Families	2014 ALL	2014 FCAAJJ ⁶
The Child's Access to Care				
Children and Adolescents Access to Primary Care Providers - 12 Mos-19 Yrs (Total)	83.44%	87.41%	86.64%	82.45%
The Well Child Visit				
Well-Child Visits in the First 15 Months of Life - 6 or More Visits	25.46% Adm 28.22% Hyb	58.25% Adm 0.00% Hyb	53.13%	5.87% Adm 5.60% Hyb
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	54.36% Adm 52.93% Hyb	63.33% Adm 0.00% Hyb	61.72%	60.68% Adm 62.06% Hyb
Developmental Screening in the First Three Years of Life (Total)	36.90% Adm 42.09% Hyb	40.30% Adm 0.00% Hyb	39.82% Adm 45.01% Hyb	40.63% Adm 45.99% Hyb
Lead Screening in Children	64.41% Adm 69.34% Hyb	75.60% Adm 0.00% Hyb	72.10%	66.67% Adm 71.29% Hyb
Childhood Immunization Status - Combo 3	39.53% Adm 63.26% Hyb	45.40% Adm 0.00% Hyb	43.82%	37.69% Adm 60.58% Hyb
Adolescent Well-Care Visits	29.72% Adm 26.52% Hyb	43.36% Adm 0.00% Hyb	40.40% Adm 43.07% Hyb	37.67% Adm 35.28% Hyb
Human Papillomavirus Vaccine for Female Adolescents	14.56% Adm 18.98% Hyb	19.01% Adm 0.00% Hyb	17.48%	17.14% Adm 18.98% Hyb
Immunization for Adolescents - Combo 1	62.66% Adm 71.94% Hyb	72.93% Adm 0.00% Hyb	70.22%	63.75% Adm 68.11% Hyb
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	20.34% Adm 33.33% Hyb	32.42% Adm 0.00% Hyb	31.09%	28.30% Adm 43.07% Hyb



Public Reporting



Comments and Questions

Please send your ideas about Goals and Objectives for the Comprehensive Statewide Quality Strategy by December 18, 2015 to jcarson@dch.ga.gov.

